		Effec	tive Octo		, ا	In.	40 F	017	407			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LE LE	NTITY	OR	OTHER	THAN ENTITY
TOTAL CLAIMS			20				RA	E	FEE	in column	PATE	FEE
FC	OR .	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
Τ	TAL CHARGE	10 minus 20=		•		X\$	X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	3 minus 3 =				X42	?=	·	OR	X84=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+140=			ОЯ	+280=	. •
* If the difference in column 1 is less than zero, enter "0" in column							TOT	AL		OR	TOTAL	740
	111	LAIMS AS A	MENDED - PART II						 _	AMERICA	OTHER	
L	16/05	(Column 1)		(Colur	nn 2)	(Column 3)	SMA	LLI	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	. 12	Minus	-3	0		X\$ 9	П		OR	X\$18=	
AME	Independent * 1		Minus +++		3	=	X42	3		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140		·	ÖŘ	¥280=	
								įχ.		OR	TOTAL	~
		(Column 1)		(Colun	on 2).	(Column 3)	ADDIT.	EE		JOH,	ADDIT. FEE	-
8		CLAIMS REMAINING		HIGH	EST			7	ADDI-	İ		ADDI-
AMENDMENT		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RATI	E	TIONAL FEE		RATE	TIONAL FEE
NON	Total	•	Minus	**		=		=		OR	X\$18=	
AME	Independent	<u> -</u>	Minus	***		=	X42:		Town Head	OR	X84=	
	FIRST PRESE	ENTATION OF MU	JETIPLE DE	PENDENT	CLAIM		+140	_		OR	+280=	
							101			OB	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. F				ADDIT. FEE	·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA	PATE		ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
MO	Total	*	Minus	**		a .	X\$ 9:	1	49.472	أجم	X\$18=	
ME	Independent	*	Minus	***		2	-	+		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X42=	1		OR	X84=	
							+140=		1	OR	+280=	
1	* If the ontry in column 1 is 1 so than the ontry in column 2, write "0" in column 3. ** If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 20, ont r "20." ***If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 3, onter "3."									OR A	TOTAL DOIT. FEE	
-20	Tur "Highest Nu The "Highest Num	mb r Pr vlously Pa ber Previously Paid	ud For IN THI I For (Total o	S SPACE is find pender	less that nt) is th	n 3, nter "3." highest number f			opriat box			- 17

Application or Docket Number